

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 FEB -5 AM 7:25
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MUNOZ, GROUP PAC

ADDRESS (number and street)

P.O. BOX 2191



Check if different
than previously
reported. (ACC)

ROUND ROCK

TX

78680-2191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

in the
State of

XX

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the
State of

XX

5. Covering Period

MM / DD / YYYY
01 / 01 / 2015

through

MM / DD / YYYY
12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ENRIQUE MUNOZ

Signature of Treasurer

Enrique Munoz

Date

MM / DD / YYYY
01 / 30 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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FEC FORM 3X
Rev. 12/2004

201602050308047944

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

01 / 01 / 2015

To:

12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2015	11694
(b) Cash on Hand at Beginning of Reporting Period.....	11694	
(c) Total Receipts (from Line 19).....	000	000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11694	11694
7. Total Disbursements (from Line 31).....	8625	8625
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3069	3069
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	317000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Page 3

From:

To:

COLUMN B
Calendar Year-to-Date

- (subtract Line 18(c) from Line 19) _____

0.0.0

0.0.0

0.0.0

Page 4

COLUMN B
Calendar Year-to-Date

-

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SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

MUNOZ GROUP PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

ENRIQUE MUNOZ

Mailing Address

PO BOX 2191

City

ROUND ROCK

State **TX**

ZIP Code **78680**

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

4 6 7 0 0 0

Cumulative Payment To Date

1 5 0 0 0 0

Balance Outstanding at Close of This Period

3 1 7 0 0 0

TERMS

Date Incurred

0 1

0 1

2 0 1 4

0 1

0 1

2 0 1 8

Date Due

Interest Rate

2 9 4 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

3 1 7 0 0 0

TOTALS This Period (last page in this line only).....▶

3 1 7 0 0 0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016-02-05 04:08:49


1. The first group of respondents (n = 10) was asked to identify the most important factors influencing their decision to use a mobile app. The factors were ranked from 1 (most important) to 5 (least important). The factors were: (1) ease of use, (2) reliability, (3) security, (4) cost, and (5) customer support. The results showed that ease of use was the most important factor, followed by reliability, security, cost, and customer support.

FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON, DC 20463

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THE UNIVERSITY OF CHICAGO

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/5/16 DATE PREPARED

(3/2015)